

3

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.	FILING DATE		
								APPLICANT(S)			
CLAIMS											
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP
1								51			
2								52			
3								53			
4								54			
5								55			
6								56			
7								57			
8								58			
9								59			
10								60			
11								61			
12								62			
13								63			
14								64			
15								65			
16								66			
17								67			
18								68			
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28								78			
29								79			
30								80			
31								81			
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36								86			
37								87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	6							TOTAL IND.			
TOTAL DEP.	17							TOTAL DEP.			
TOTAL CLAIMS								TOTAL CLAIMS			